



FRATERNAL ORDER OF POLICE TAMPA LODGE #27 - MEMBERSHIP APPLICATION

NAME: _____ D.O.B. _____ SSN: _____
(LAST NAME, FIRST, MI.)

ADDRESS: _____
(STREET NAME & NUMBER) HOME ADDRESS REQUIRED (CITY) (STATE) (ZIP)

PHONE: _____ WORK: _____ E-MAIL: _____

AGENCY: _____ DATE EMPLOYED: _____ SUPERVISOR: _____

Have you ever been rejected for membership in any F.O.P. lodge? _____ If yes, please explain in detail on back of this application or attach a separate sheet.

TYPE OF APPLICATION

NEW REINSTATED TRANSFER FROM PREVIOUS LODGE & STATE:

DATE OF THIS APPLICATION: _____ RECOMMENDED By: _____

FEES:

AN INITIAL FEE OF \$5.00 MUST ACCOMPANY THIS APPLICATION. MEMBERSHIP DUES IS SET AT \$15.00 PER MONTH, PAID THOUGH CREDIT UNION DEDUCTION OR IN SEMI-ANNUAL, \$90.00 (OR) ANNUAL, \$180.00 PAYMENTS.

METHOD OF PAYMENT:

I HAVE ELECTED TO PAY MY DUES IN THE FOLLOWING MANNER:

TAMPA BAY FEDERAL CREDIT UNION MONTHLY TRANSFER OF \$15.00. MY ACCOUNT # IS: _____

CASH OR CHECK ANNUALLY (DUE JANUARY 1ST - \$180.00).

CASH OR CHECK SEMI-ANNUALLY (DUE JAN. & JUL 1ST - \$90.00).

THE MONTH YOU ARE ACCEPTED AS A MEMBER WILL BE FREE. DUES ARE DUE FOR EACH MONTH FOLLOWING THE ACCEPTANCE MONTH. DUES WILL BE PRORATED BASED OFF YOUR MEMBERSHIP MONTH.

Signature of Applicant: _____

FOP USE ONLY

Date Received: _____	Date Initiated: _____
Date Notified: _____	Date Voted On: _____

<input type="checkbox"/> Accept
<input type="checkbox"/> Reject

<input type="checkbox"/> FOP 27 database	<input type="checkbox"/> Insurance
<input type="checkbox"/> Beneficiary Forms	<input type="checkbox"/> TBFCU Set-up
<input type="checkbox"/> Sworn	<input type="checkbox"/> Key
<input type="checkbox"/> Entered State FOP	<input type="checkbox"/> Folder Made